

PTO/SB/05 (03-01)

Approved for use through 10/31/2002 OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL** 

Attorney Ducket No. **AD6836 US NA** 

First Inventor Reiko Koshida

Colored Thermoplastic Resin Compositins For Laser Welding, Specific Neutral Anthraquinone Dyes As colorants Therefor, And Molded Product Thereform

	Flodoc Melenoli						
(Only for new nonprovisional applications under 37 C F.R. 1.53(b))	Express Mail Label No. EF304231895US						
APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.	ASSISTANT Commissioner for Patents Box Patent Application Washington, DC 20231						
See MPEP chapter 600 concerning utility patient application contents.  1	7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a.  Computer Readable Form (CRF)  b. Specification Sequence Listing on:     i.  CD-ROM or CD-R (2 copies); or     ii.  paper  c.  Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9.  Assignment Papers (cover sheet & document(s))  10.  37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney  11.  English Translation Document (if applicable)  12.  Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13.  Preliminary Amendment  14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)  16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation-in  Prior application information:  Examiner  Examiner  For CONTINUATION or DIVISIONAL APPS only: The entire disclose	Group / Art Unit: sure of the prior application, from which an oath or declaration is supplied application and is hereby incorporated by reference.						
17. CORRES	SPONDENCE ADDRESS						
Customer Number or Bar Code Label	3906*  23906  TRADEMARK OFFICE  or Correspondence address below						
Name							
Address							
City State	Zip Code						
Country Telephone	Fax						
Name (Print/Type) William H.,Hamby	Registration No. (Attorney/Agent) 41,881						
Signature	Date 13 November 2001						

THE REPORT OF THE PARTY OF THE

PTO/SB/17 (11-01)

Approved for use through 10/31/2002 OMB 0651-0032

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## **FEE TRANSMITTAL** for FY 2001

740

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

	Complete if Known				
Application Number	UNKNOWN				
Filing Date	NOVEMBER 13, 2001				
First Named Inventor	REIKO KOSHIDA				
Examiner Name	UNKNOWN				
Group / Art Unit	UNKNOWN				
Attorney Docket No.	AD 6836 US NA				

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
☐ Check ☐ Cre	dit card M	oney Order 0	Other None	3. ADDITIONAL FEES Large Entity   Small Entity					
☑ Deposit Account			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
Deposit				105	130	205	65	Surcharge - late filing fee or oath	
Account Number 04-1928			127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
Deposit				139	130	139	130	Non-English specification	
Account E. I. du Pont de Nemours and Company				147	2,520	147	2,520	For filing a request for reexamination	
Name					920*	112	920*	Requesting publication of SIR prior to	
The Commissioner is authorized to: (check all that apply)								Examiner action	
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application				113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
				115	110	215	55	Extension for reply within first month	
above-identified of		cept for the filing fee	: to the	116	400	216	200	Extension for reply within second month	
above-luci killed c	·			117	920	217	460	Extension for reply within third month	
	FEE CAI	LCULATION		118	1,440	218	720	Extension for reply within fourth month	
1. BASIC FIL	NG FEE			128	1,960	228	980	Extension for reply within fifth month	
Large Entity   Sn	nall Entity			119	320	219	160	Notice of Appeal	
Fee Fee Fe		e Description		120	320	220	160	Filing a brief in support of an appeal	
Code (\$) Co			Fee Paid	121	280	221	140	Request for oral hearing	
101 740 20 106 330 20		ility filing fee esign filing fee	740	138	1,510	138	1,510	Petition to institute a public use proceeding	
107 510 20	7 255 Pla	ant filing fee		140	110	240	55	Petition to revive – unavoidable	
108 740 20	8 370 Re	eissue filing fee		141	1,280	241	640	Petition to revive – unintentional	
114 160 21	4 80 Pm	ovisional filling fee		142	1,280	242	640	Utility issue fee (or reissue)	
•		_		143	460	243	230	Design issue fee	
SUBTOTAL (1) (\$) 740			144	620	244	310	Plant issue fee		
		210 IN= (1)	(4) 140	122	130	122	130	Petitions to the Commissioner	
2. EXTRA CLAIM	EES			123	50	123	50	Processing fee under 37 CFR 1 17(q)	
Extra Fee from Fee Claims below Paid			126	180	126	180	Submission of Information Disclosure Stmt		
Total Claims	] -20 = [	0 X 18	= 0	581	40	581	40	Recording each patent assignment per property (times number of properties)	
Claims	-3 =	0 X 84	= 0	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
Multiple Dependent		X 280	= 0	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
Large Entity	Small Entity	=		470	740	279	370	Request for Continued Examination	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description		179				(RCE)	
103 18	203 9	Claims in excess o	of 20	169	900	169	900	Request for expedited examination of a	
102 84	202 42	Independent claims				ı		design application	
104 280	204 140	Multiple dependent claim, if not paid  Other fee (specify)							
109 84 209 42 ** Reissue independent claims over onginal patent									
110 18	210 9		in excess of 20 and						
·	SUI	BTOTAL (2) (\$)	0						
**or number previously paid, if greater, For Reissues, see above			*Redu	ced by Ba	asıc Filin	g Fee Pa	id SUBTOTAL (3) (\$) 0		

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	William H, Hamby	Registration No Attorney/Agent)	31,521	Telephone	(302)992-3230		
Signature	101.46	11/1/-1		Date	13 November 2001		

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Burden Hour Statement This form is estimated to take 0.2 hours to complete Time vill vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.